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AMEBIC DYSENTERY

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BEHRING WERKE
MARBURG-L. (GERMANY)

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YATREN No. 105

EMETREN

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Yatren No. 105

a new preparation of great value and efficacy in the treatment of amebic dysentery and other disorders of the colon.

The treatment of Amebic Dysentery, particularly in its chronic forms, has always presented considerable difficulties, and even the administration of Emetin has given only limited satisfaction. Hence the desire for more efficacious substances, possessing, possibly, a chemo-therapeutic action. A remedy of this kind would be expected to destroy the amœbæ, including the cyst form, without, on the other hand, producing irritant effects on the intestinal mucous membrane, which latter, owing to the morbid process, is naturally in a hypersensitive condition.

Muehlens discovered that Yatren fulfils these desiderata clinically and that Yatren is for this reason the remedy required for the efficient treatment of amebic dysentery; the preparation had been previously known as a substance possessing pronounced bactericidal properties combined with entirely neutral behaviour in regard to the tissues.

General notes on Yatren.

Yatren is an iodo-oxyquinolin-sulphonic-acid combination (odourless) in which the iodine is firmly bound; nor is iodine split off in the organism. Yatren is easily soluble in water on heating and up to 4% persists in solution after cooling. In the form of a dry powder Yatren can be preserved for a long time.

Preparation of a solution &c.

Take sterile, distilled water at 80° C. and dissolve Yatren powder No. 105 in the proportion of 1:50 to 1:25. Some CO_2 escapes under effervescence. The resulting solution, orange-yellow in colour, remains clear if kept at body temperature and its bactericidal power maintains its sterility indefinitely.

A Yatren solution must never be boiled in view of the risk of secondary effects due to a liberation of iodine.

Contact with iron easily leads to colour reactions, which, although harmless enough in themselves, may be avoided by the use of glass syringes and nickel cannulae.

Yatren solutions prepared as described and injected either subcutaneously, intravenously or per rectum, never injure the tissues. Herzberg's investigations show that Yatren is excreted in the urine undecomposed and, quantitatively, almost entire. Given in pills per os, the preparation is likewise easily tolerated.

Amebic dysentery.

Muehlens and Menk have, as the result of their experience, laid down the following rules of treatment. (The indications as to

dosage relate to adults only and treatment must be adapted to each individual case).

Acute cases: Begin by giving 15 grains Yatren 3 times daily, per os, or 6 times 7½ grains Yatren in wafers, or 3 times 4 pills Yatren No. 105 of 4 grains each, until the symptoms of maximal irritation diminish.

No discomfort results: effect on number and consistency of stools and on tenesmus is generally prompt.

The combination of Yatren with Emetin may be recommended and is well tolerated.

After the most violent symptoms of acute irritation have subsided, rectal treatment is substituted for oral medication.

Chronic cases: For these, rectal treatment is the procedure to chose, more especially where proctoscopic proof of amebic infection exists.

The following plan has hitherto given the best results: One enema daily during 6—8 days. Pause of 3—6 days. One enema daily during 5—8 days. Repeat several times.

Duration of treatment: Continue at least until a fortnight after disappearance of dysenteric symptoms and first negative proctoscopic finding.

Rest and suitable diet accelerate the curative process.

Technique of Rectal Administration: Clear out bowel by means of copious clyster; then inject 200 cc of a 2—4% Yatren solution at body temperature using an irrigator or large syringe. Where the process is located high up in the bowel, 400 cc may be injected but it is advisable to employ a concentration of 1½ to 3% only in these cases. The fluid — and this is important for the results — must be retained as long as possible. This can, as a rule, be managed easily for some hours in the case of the smaller volume, but the ability to retain the larger clysters can be, and is, gradually acquired and many patients finally succeed in retaining the injection a whole night.

Bacillary dysentery.

In bacillary dysentery oral treatment has had very promising results. The treatment recommended is the administration of 7×7½ grain doses in the beginning; decrease to 3×7½ grains in the course of 12—15 days, neglecting neither general nor specific treatment.

Sequelae to dysenteric affections.

The clyster treatment employed for amebic dysentery is recommended also for the radical cure of colitides of the most various degrees such as remain after acute bacillary dysenteric disorders; the duration of treatment, however, will, as a general rule, be shorter. In grave chronic colitis (colitis ulcerosa suppurativa) a purely rectal treatment will be followed by only slow improvement and we cannot be certain in regard to ultimate, complete, cure.

The literature on Yatren in amebic dysentery

No. 22.

Yatren No. 105 in the treatment of amebic dysentery and ulcers in the large intestine.

(From a paper read by Prof. P. Muehlens at a meeting of the Hamburg Medical Society, 8. 3. 21).

The rule, more especially in the presence of positive proctoscopic findings, is the administration of a 2½—4% Yatren No. 105 solution at body heat by means of a large syringe or irrigator, to be preceded by a copious clyster for clearing-out purposes. The remedy displays an immediate action on the diseased parts and is greedily absorbed by the colon, a fact easily controlled by the application of the iron chloride test to the urine.

Per os, the remedy is given to adults in the powder form: 3×15 grains pro die; or in 4 grain pills, 4 pills three times daily. Occasionally a patient may complain of pressure or other uncomfortable sensation in the stomach region. These effects, however, are never severe enough to necessitate a suspension of the treatment. Signs of intoxication of any kind have not been observed.

On the basis of our present experience the following method of treatment may be recommended: Clysters, or administration per os, in the doses previously indicated, for 7—14 days, proctoscopic and microscopic control being constantly maintained. Pause of 7 days. Previous treatment for 3—7 consecutive days. Pause of 7 days. Previous treatment again for 3—5 days. If cure is not apparent after 5 or 6 weeks, continue in the same manner. During the periods of treatment the patient should rest as much as possible and adhere to a suitable diet.

No. 27.

Experimental treatment of amebic dysentery with Yatren.

By Prof. Dr. Muehlens and Dr. Menk.

The drugs which we have been accustomed to use in amebic dysentery have certainly produced good results but only so long as there has been no suspension of treatment. With the discontinuance of the therapy the old condition returns. What is needed is a

preparation possessed of sufficient bactericidal power and yet devoid of harmful action on the connective tissue cells. Intent upon the discovery of a drug of this description the authors tried Yatren in two cases of obstinate amebic dysentery which had for a long time been vainly treated with Emetine, among other preparations, as also by intestinal irrigations and zoecostomy. In both cases the administration of Yatren resulted in a rapid clinical, local (rectal), and, for the time being, parasitological "cure".

In three other obstinate chronic cases, previously repeatedly treated and proctoscopically and microscopically amoebo-positive, three daily doses of 15 grains were administered per os. "Subjective" and "objective" improvement was surprisingly rapid and in due course the three patients were dismissed as "then" cured.

In three further cases without proctoscopic proof of the presence of amœbæ, the morbid symptoms vanished promptly and the three patients were unanimous in their appreciation of a quick subjective improvement.

Yatren clysters had unmistakably good results in a case of colitis ulcerosa without amoebae.

The procedure observed for the Yatren treatment was as follows: First a high pressure "clearing-out" clyster; then one of 200 cc of a 2½—5% Yatren solution at body temperature which must be retained as long as possible. Per os, adults received 15 grains Yatren pulv. 3 times daily, in wafers, or the corresponding number of 4 grain pills. Yatren has a mildly aperient action.

Only the observation of years can determine the duration of a "cure" or, and more particularly, any specific action on the part of Yatren.

No. 81.

Yatren in the treatment of amebic dysentery.

By Prof. Olpp.

Yatren, employed against amebic dysentery in accordance with Muehlen's and Menk's directions, has proved of much value at the Convalescent Home (Tropical Diseases) at Tuebingen. We had cases of chronic ulcerated or stenotic conditions of the large intestine, periodically amoeba-positive and with or without hepatic alteration. All these cases had already received prolonged treatment. Yatren either produced immediate subjective and objective improvement, or the patients, after a few weeks of treatment, spontaneously declared that the maintenance of the improvement was a most agreeable surprise to them.

The treatment consisted either in clysters of 200 cc of a warm 2—5% Yatren solution (easily retained for a long time and frequently

altogether) or in the daily administration of 3×15 grains Yatren powder in wafers or of 2×4 keratinized pills of 4 grains. Oral administration is naturally given the preference in ordinary practice.

For the rest, the use of Yatren in the place of Iodoform may be advocated.

No. 82.

Further experience of the influence of Yatren on infectious intestinal disorders, with special regard to chronic amebic dysentery.

By Dr. W. Menk.

The symptoms of intoxication which arise from a lengthy administration of Emetine could not fail to stimulate the search for less toxic substances. Muehlens and Menk were able to introduce one in Yatren (v. Ref. 27). The author discusses his recent experience with Yatren in infectious intestinal tuberculosis; a fair amount of success followed the medication in ulcerous colitis due to other, inflammatory, causes. In dysentery caused by the Shiga bacillus, patients received 4—5 daily doses of 7½ grains Yatren, per os, for about 12 days. Pseudo-dysentery cases were given 9×7½ grains daily, the dose being gradually decreased to 3×7½ grains during a course of treatment lasting from 14—17 days. The dysenteric character of the stools disappeared very promptly. Cure resulted in all our cases, without hitch or complications. Needless to add, the serum therapy and a suitable general treatment were not neglected.

The best results from Yatren were seen in amebic dysentery. The method of treatment (adults) was as follows:

At bed time, the bowel is cleared out by means of a gentle enema of fully a quart of water. A Yatren clyster (45—75 grains, dissolved in 200 cc water at 80° C.) is administered immediately after and retained as long as possible. Retention, on the whole, presents no difficulties. In exceptional cases, cocaine suppositories or the addition of a few drops of opium tincture are helpful. The clysters are at first given at intervals of from 6—8 days, gradually reduced — 15 grains Yatren daily per os, or by parenteric administration if indicated. Both clysters and oral medication are perfectly tolerated.

Our cases comprised 17 of chronic amebic dysentery without liver and lung complications. The majority were cases of an obstinate nature which had been through all the ordinary courses of treatment. In two, the test for amœbæ dysenteriæ gave a negative result; in the other 15, the influence of Yatren on the amœbæ numbers in the stools varied rather considerably. In most the amœbæ disappeared promptly but in a few old cases they returned as soon as the treatment was suspended. The direct Yatren action on amœbæ is not very pronounced in which respect Yatren appears

to resemble Emetine. The effects of both are rather of an indirect nature. In the cases with positive proctoscopic findings blood and mucus disappeared from the stools after 3 or 4 days (one case excepted); the proctoscope also revealed the simultaneous disappearance of ulcers and erosions.

Duration of "cures": Of 8 cases 6 suffered no relapse during the period of observation, namely 7—14 months, and we may venture to classify these cures as of the lasting order. Still, in view of the refractory nature of amebic dysentery, even 7—14 months may not, perhaps, justify absolutely definite conclusions. What is certain, however, is that Yatren very decisively altered the character and course of the affection. Emetine and Yatren are quite compatible in fresh cases and Emetine should not be omitted. A combined, and, subsequently, alternating treatment appears to be indicated in fresh cases but the author has not hitherto had opportunities to put this assumption to the test.

No. 89.

Nuevas observaciones acerca del tratamiento de la disentería amibiana.

(New observations on the treatment of amebic dysentery).

By Dr. W. Menk.

The author gives his records of a number of amebic dysentery cases which he treated with Yatren; these cases were all chronic and had partly received treatment for a long time past.

Yatren may be given in pill form or by rectal injection. A clyster consists of 45—90 grains Yatren dissolved in 200 cc warm water and is administered daily for 6—8 days. After a pause of 3—6 days the treatment is repeated, and so on, during a period — third or fourth day. The Yatren action is of an indirect nature, i. e. it acts only after absorption provoked by tissue excitation. The altter is more readily called forth by the clysters (note absence of irritant effects on the mucous membrane) than by oral administration.

Toxic secondary effects have not been observed. The action on the amœbæ, on the other hand, was striking. In 30% of the cases the bacillus disappeared so completely in a few days that despite the employment of provocative measures, no amœbæ were subsequently discovered. In 20%, the amœbæ disappeared only after the treatment had run its full course. 2 cases of amebic dysentery proved refractory; the rest were removed from further observation for extra-clinical reasons. In 13 out of 14 cases, proctoscopically positive, blood and mucus disappeared within 2—4 days. Simultaneously, tenesmus and excessive frequency of

stools gave way to normal conditions. The proctoscope revealed the rapid recovery of the mucous membrane.

Where cures could not be regarded as conclusive, it was evident, nevertheless, that Yatren had caused decided improvement, both as regards character and general course of the disorder.

2 cases of recidivation were completely cured by a renewed, but briefer, Yatren course.

1 case of lung abscess and 3 of liver abscesses were cured by Yatren, without operation.

In chronic cases a combination of Yatren and Emetine is advisable; the author has obtained very favourable results from that medication. In acute cases he recommends administration per os of 6×7½ grains Yatren daily for 2—3 days and simultaneous injections of Emetine; at a later stage, Yatren and Emetine alternately and, finally, Yatren alone.

No. 90.

O tratamento das dysenterias amibianas chronicas pelo Yatren.

(On the treatment of chronic amebic dysentery by Yatren).

By Dr. Silva Mello.

Author essayed the Yatren treatment, inaugurated by Muehlens, in a number of chronic cases and published the records of six. These were all recurrent cases of some years standing. They had repeatedly (a few, insufficiently) been treated with emetine and other local agents, without success. One of the patients suffered from severe intestinal ulceration and had for years had liquid, muco-sanguineous stools.

In all these cases the Yatren medication produced surprisingly rapid curative results. Yatren was given either per os, (450 grains in 10 days) or per rectum (30 grains in 200 cc water). Improvement often set in after only two days; stools assumed a compact form, tenesmus ceased, the general condition improved rapidly, with the result of a quick gain in weight.

As far as the author's observations go (they extend over a period exceeding 2 years) the cures are clinically complete.

Neither amœbæ nor cysts could again be detected.

It is an interesting fact that Yatren rid the intestine of the numerous trichomonas protozoa, along with the amœbæ.

Mededeeling omtrent de behandeling der Amoebiasis met Yatren.

(On the treatment of amebic dysentery with Yatren).

Prof. W. F. Kuenen.

The author employed Muehlens' and Menk's Yatren therapy (v. Ref. 27, p. 28) in amebic dysentery. For his report he selects

4 cases in which treatment had been carried to a final conclusion. In these 4 cases the treatment sufficed to render the stools free rom amœbæ and to give them shape. The results were as satisfactory in acute as in chronic cases, the latter including one which had had 8 relapses, also one of chronic amebic enteritis which had previously been treated with emetine.

The author desires to refrain as yet from uttering a definite opinion as to the permanency of the curative effects.

Lambliae, simultaneously present, were not influenced by Yatren, an observation also recorded by Menk.

No. 117.

Yatren and amebic dysentery.

Dr. Ed. Birt, Shanghai.

Impelled by the publications of Muehlens (not Füllеborn, as erroneously stated) and Menk, the author tried Yatren in the treatment of amebic dysentery. He however failed to adhere to Muehlens' directions and used a stronger solution for his clysters (10%!) and only 100 cc or less fluid.

As a result (more especially in the acute cases) symptoms of irritation leading to severe pains were not infrequent and rendered a continuance of the treatment impossible. Where, however, the clysters were tolerated, the results were invariably good and it is a point worth mentioning that the course of treatment did not occupy much time; less in any case, than laid down by Muehlens and others.

Dr. Birt's account concerns 28 cases, some of children. The latter were treated with the same concentration and even less fluid; he states that with a lower concentration he has seen no noteworthy results to speak of. All his patients were attended to in the course of ordinary practice which made a regular proctoscopic control impossible. Where Yatren was tolerated the general condition improved very quickly; stools reassumed a proper form and the treatment terminated in clinical cure.

Dr. Birt's summing up is to the effect that Yatren is a new and very efficacious remedy for amebic dysentery cases of old standing and is likely to prove of great service also in sprue. He stresses the point, however, that the violent pains (which are due to the irregular application of the drug (Ed.) make the employment of the older methods of treatment appear more desirable in many cases.

No. 118.

Yatren and amebic dysentery.

Critical remarks on Dr. Ed. Birt's publication bearing the above title. Münch. med. Wochenschrift 1923, Nr. 7.

By Dr. W. Menk.

Birt's records show, in the first place, that Yatren is very efficacious also in fresh cases of amebic dysentery. His failures appear to be due to faulty technique. The volume of his injections was too small (100 cc instead of 200—400 cc); the concentration was too high (10%, whereas Muehlens and others advise a maximum of 5% and, as a usual concentration, 1½—2½%). If Birt has had no results with the weaker solutions the explanation lies in the insufficient volume of fluid injected. High concentration and small volume must occasion intense local irritation which, by the employment of Muehlens' technique, is entirely precluded. In fact, the ease with which clysters of as much as 600 cc were retained, was no less astonishing than the rapid rehabilitation of the general condition.

The author considers it more than probable that Birt's partly unfavourable results are entirely ascribable to his departure from the correct technique.

No. 132.

Yatren and amebic dysentery.

Critical note on the publications bearing the same title, by Dr. Ed. Birt, Shanghai, and Dr. Menk, Hamburg, in No. 7 and 10, Wochenschrift, 1923.

Dr. K. Huppenbauer.

The author is entirely at variance with Birt's (Shanghai) dicta and agrees equally completely with Menk (Hamburg) (v. Ref. 132). He confirms the excellent results of the Hamburg method (injection of 200 cc of a 2—4% solution, or 400 cc of a 1½—3% solution, at body heat, or oral administration of Yatren pills) in a large number of cases and, more particularly, in 5 or 6 cases of very old standing. His opinon is summed up in the following:

At all events, Yatren represents a medicament for the treatment more especially of chronic amebic dysentery, all the more valuable because, if handled in accordance with the Hamburg directions, it is entirely uninjurious, so much so that it may be left in the hands of patients of ordinary intelligence where treatment cannot be carried out under clinical control. Where pills are given, the risk is of course all the less. I should be very sorry indeed to be deprived of Yatren now.

Special literature concerning Yatren No. 105.

The preceding and following extracts are taken from the booklet: "Yatren in Human Practice" and from the volume of references entitled: "Yatren in the Literature on Human Practice". These publications will be readily sent to any medical man applying for them. They also give minute details of the employment of Yatren in its various combinations (Yatren-Caseïne and Yatren-Vaccines) on the basis of the parenteric "irritation" therapy and the combined (specific-nonspecific) Vaccine therapy.

*22. *Muehlens*, Prof. Dr., Institute for Ships and Tropical Diseases (Director Med. Councillor Prof. Dr. Nocht, Hamburg).
"The Cure of Amebic Dysentery and Ulcers of the Colon."
| Paper read before the Hamburg Medical Society, 8. 3. 21.

*27. *Muehlens*, Prof. Dr., and *Menk*, Dr., as above.
"Experimental Treatment of Amebic Dysentery by Yatren."
| Münch. Med. Wochenschrift, 1921, No. 26.

81. *Olpp*, Prof. Dr., Tropical Institute, Tübingen.
"Yatren in the Treatment of Amebic Dysentery."
| Ztschr. f. ärztl. Mission, 12th Year, No. 4.

82. *Menk*, Dr., Institute for Ships and Tropical Diseases, as above.
"Further experience of the influence of Yatren on infectious intestinal disorders, with special regard to chronic amebic dysentery."
| Münch. med. Wochenschr. 1922, No. 35.

*89. *Menk*, Dr., as above.
"Nuevas observaciones acerca del tratmiento de la disentería amibiana."
| Revista Médica de Hamburgo, 1922, No. 8.

90. *Silva*, *Mello*, Dr.
"O tratamento das Dysenterias amibianas chronicas pelo Yatren."
| Brazil-Medico 1922, No. 29.

95. *Kuenen*, Prof. Dr., W. A., Amsterdam, Tropical Institute.
"Mededeeling omtrent de behandeling der amoebiasis met Yatren."
| Nederlandsch Tijdschrift voor Geneeskunde.
| Tweede Helft 1922, No. 15.

117. *Birt*, Dr., Ed., Paulun Hospital, Tungchi Med. High School, Shanghai.
"Yatren and Amebic Dysentery."
| Münch. med. Wochenschr. 1923, No. 7.

118. *Menk*, Dr., as above.
"Yatren and Amebic Dysentery (Critical Remarks on the publication under this title by Dr. Ed. Birt" (v. No. 117).
| Münch. med. Wochenschrift 1923, No. 10.

132. *Huppenhauer*, Dr., K., Physician-in-chief, Convalsecent Home, (Tropical Diseases), Tübingen, (Director Prof. Olpp).
"Yatren and Amebic Dysentery: Critical Note on the publications under the same title, by Dr. Ed. Birt, Shanghai, and Dr. Menk, Hamburg, No. 7 and 10, Wochenschrift 1923."
| Münch. med. Wochenschrift 1923, No. 19.

The publications marked with an asterisk may be had in separate reprints.

Emetren

a new Emetine preparation (combination of Emetine hydrochlor. and Yatren) for the treatment of Amebic Dysentery by intravenous or intramuscular injections.

Emetine hydrochlor. has justly attained fame in the treatment of amebic dysentery and other species of amebic infection and is particularly useful in the form of intravenous, intramuscular and subcutaneous injections. It owes its success to its amebotropic and amebocidal properties.

Still, every physician versed in the treatment of amebic dysentery is fully cognisant of the fact that Emetine is far from giving completely satisfactory results. The proportion of cases in which it fails is by no means inconsiderable; the reason is probably the existence of emetine-fast types of amoebae. Apart from this, the Emetine hydrochlor. treatment is generally known to be quite useless against amoeba cysts which usually form shortly after the disappearance of the acute symptoms. It would seem, in fact, that the formation of cysts is directly stimulated by Emetine (possibly owing to insufficient medication at the start).

Another point is that Emetine possesses a high degree of toxicity of a cumulative character which more particularly affects the nervous system: a prolonged Emetine treatment is frequently accompanied by the periodical appearance of neuritic symptoms.

We have seen that Yatren is of high value in the treatment of chronic amebic dysentery, including cases of old standing in which Emetine fails completely. It therefore appeared very desirable to create a combination of these two valuable and efficacious remedies for the treatment of amebic dysentery.

Emetren is the combination in question. It contains Emetine hydrochlor. and Yatren in solution and is eminently suitable for the treatment of amebic dysentery and other kinds of amebic infections, administered in the form of intravenous, intramuscular and subcutaneous injections.

Emetren has the advantage over Emetine that it is at least ten times less toxic in the same doses (as established by comparative experiments on mice); yet, as numerous records prove, its therapeutic powers are at least equal to those of Emetine.

For the treatment of amebic dysentery we recommend the following procedure:

Apart from the customary measures (aperients, rest in bed, warm applications to the body, diet) the contents of one or two ampuls of 1 cc Emetren are injected intravenously or intramuscularly (gluteal muscles) every third or fourth day.

For the treatment of chronic amebic dysentery an analogous method may be recommended, supported by the Yatren clysters employed by Muehlens and Menk (200—400 cc of a 2½ to (maximum) 4% Yatren solution, preceded by a water clyster to clear out bowel); or, per os, 4 Yatren pills three times daily.

Market Forms.

The "Behring Werke" market their Yatren preparations for the treatment of amebic dysentery in the following original packages:

Yatren puriss. No. 105.

	Codeword:
Original bottles of	
5 grammes (abt 75 grains)	Yatricto
10 „ („ 150 „)	Yatrife
25 „ („ 1 oz)	Yatrificar
50 „ („ 2 ozs.)	Yatril
100 „ („ 4 ozs.)	Yatrimplo

Yatren-Pills No. 105.

Pills of 1/4 grm (about 4 grains) each in Original glass tubes, containing:

30 pills	Yatrogen
40 „	Yatromane
100 „	Yatromero
250 „	Yatromest

Yatren No. 105, in wafers at 1/2 grm. (about 7 1/2 grains)

Original glass tubes, containing:	
12 wafers	Dyro
Original tins containing:	
10 wafers	Dybla
25 „	Dyblatren
50 „	Dyblatrux
100 „	Dyblom

Yatren puriss.

Original bottles of	
5 grammes (abt 75 grains)	Yatra
10 „ („ 150 „)	Yatrada
25 „ („ 1 oz. „)	Yatrecion
50 „ („ 2 ozs. „)	Yatredero
100 „ („ 4 ozs. „)	Yatremos

Yatren Pills.

Pills of 1/4 grm (about 4 grains) each in Original glass tubes, containing:

30 pills	Yatrepen
40 „	Yatretum
100 „	Yatretor
250 „	Yatrex

Yatren, in wafers at 1/2 grm. (about 7 1/2 grains)

Original glass tubes, containing:	
12 wafers	Orogen
Original tins, containing:	
10 wafers	Obla
25 „	Oblatren
50 „	Oblatrux
100 „	Oblom

Emetren.

Original boxes, Style A, containing 6 ampuls of 1 cc	Emetren
„ „ B, „ 12 „ „ 1 „	Emetro
Hospitalpacking, 25 ampuls of 1 cc	Emigen
„ 50 „ „ 1 „	Emigyl

E 1002
IX. 23. 20